File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

	Reset Fo	rin		536
COMMITTEE NAME (Must be same as on Statement of Organical Committee NAME)	ganization)			F '9
Millhollin for Supervisor			FORM	8
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Can Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	(2) State PAC (3) State Party	el E	DR-2 Rev. 12/2009)	
CANDIDATE COMMITTEES ONLY:			omm. # 180	
Candidate Name John Millhollin	Political Party (if applicable) Democrat	s	canned	
Office Sought Guthrie County Supervisor	District (if Senate or House)		omputer udited	
Late reports are subject to possible civil and criminal penalties. Procandidate's committee, and the chairperson, for any other type of	ursuant to Iowa Code sections 68B.324 committee, is the individual responsible	A(7) and 68. e for filing to	A.401(3), the can	didate, for a te reports.
John Muildle.				
SIGNATURE OF PERSON FILING REPORT	641 439 2399 TELEPHONE	_	DATE SI	GNED
I AM FILING A October 19, 2012	REPORT FOR (1) ELECTION	1 //2\NON I	EL FOTIONI VE	-
(report date)	Indicate by		ELECTION YEA	iH.
CHECK IF AMENDMENT TO REPORT DATED				
			mittees, enter Date	e of Election
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.			y & Local Committees, enter County in	
(You must continue to file reports until a DR-3 is filed	d.)	which Elect	ion is held	eriter County in
STATEMENT OF CASH ON HAN	D			
CASH ON HAND at the beginning of the reporting period. (To				
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is f	cash on hand at the end	\$	409.79	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sched	dule A) (*also see in-kind below)			
Schedule F: Loans Received total (Attach Schedule	F)			
Schedule H: Total Sales of Campaign Property (Atta	ach Schedule H)			
(Schedule H applies to Candidates' Com	mittees Only)	200000000000000000000000000000000000000		
	SUB-TOTAL	S	0.00	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B)	(**also see debts and loans below)		409.79	
Schedule F: Loan Repayments total (Attach Schedu	ile F)			
CASH ON HAND at the end of this reporting period (if final rep			0.00	
**UNPAID BILLS (From Schedule D - Attach Schedule D)				
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule	dule E)	Ф.		
*OUTSTANDING LOANS (From Schedule F - Attach Schedu	le F)	Φ	-	
CONSULTANT BREAKDOWN (Schedule G Attached?)	· · /·································	Φ	VEC	
CANDIDATE COMMITTEES ONLY:		9) <u>=111</u>	YESN	O
/ALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta	ch Schedule HV			
STATE COMMITTEES: Submit a reconciled campaign account		\$		*
odomic a reconciled campaign accoun	it bank statement in January of each	year.		

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

,	
COMMITTEE NAME (Must be same as on Statement of Organization)	
Millhollin for Supervisor	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS			
CHECK THIS BOX IF AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DEL ATIONOLUB	1 4140000	1 /
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	TOTAL AND ADDIESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	N			INCOME
	CK#	None received		\$ 0	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			OUD TOTAL		
			SUB-TOTAL	-	

TOTAL (if last page of this schedule)

Page ____ of ____ (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

on
0

Millhollin for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	NUMBER			
08/14/12	ID#	Panther Pride Foundation P.O. Box 505 Panora, IA 50216	Gift to 501.(c)(3) organization (dissolution of funds)	\$ 409.79
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 409.79

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

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